MeCare Maine's Long-term Care Pre-admission Screening Program



Summary Data July 2000 – June 2001

Bureau of Elder and Adult Services

MECARE: Maine's Pre-admission Screening Program Background

- The Medical Eligibility Determination tool, MED, was introduced in 1994 in response to legislation aimed at reducing reliance on institutional care.
- Maine is recognized nationally as one of only three states to use both a uniform assessment instrument and a single, independent agency for performing assessments. The other states are Colorado and Arizona.
- MECARE is the name of the system that includes the electronic version of the MED. The MED allows Maine to collect and analyze information about who requests long-term care services and the kinds of assistance they require. The Department uses this information for quality improvement, consumer education, and to compare consumers across long-term care settings.

Who is Assessed?

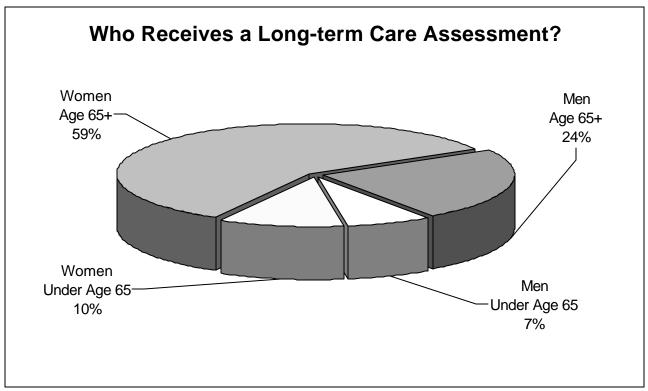
- Individuals seeking long-term care services in their home, or who plan to enter a nursing facility, receive an assessment.
- Individuals, or families, may request an Advisory Assessment if they want information about available resources.
- Last year 25,047 assessments were provided to 16,359 persons. Individuals may receive more than one assessment due to change in their condition.

How does MECARE work?

- When someone calls to request an assessment the intake staff ask the caller for information the nurse will need to schedule the visit. For example, are there family members or a guardian who the person may want to be present? MECARE automatically shows if the person has had a prior assessment, or is receiving MaineCare (formerly Medicaid).
- A nurse meets with the person to determine medical eligibility for a variety of home care as well as nursing facility services. Family members often participate in the assessment.
- Most questions include specific definitions and timeframes to provide consistent and objective evaluations of needs statewide.
- Eligibility is determined by reviewing the individual's functional ability and need for support with activities of daily living.
- At the end of the assessment, the nurse gives the person a care plan that outlines available services.

What does MECARE cost?

- There is no charge to the individual for the assessment.
- Maine spent \$331,577,063 on long-term care services last fiscal year. The cost for assessments was \$3,706,956, or one percent of total spending.

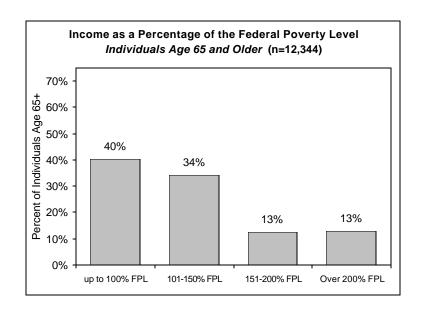


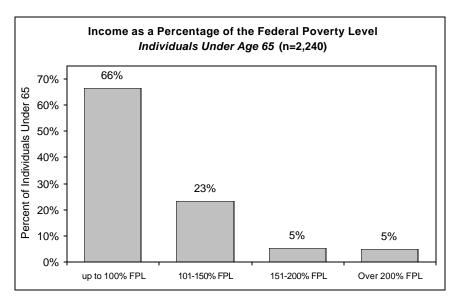
Data prepared by Muskie School

Source: MECARE Data State Fiscal Year 2001

- ▶ 16,359 persons received 25,047 assessments during the time period July 2000-June 2001.
- ▶ 69% of those assessed are women.
- ▶ 17% of those assessed are under 65 years of age.

What Is the Income of Persons Receiving Assessments?





- Among those age 65 and older, 40% have incomes below the Federal Poverty Level (FPL).
- ➤ For the younger age group, 66% are below the Federal Poverty Level.
- ➤ The Federal Poverty Level for an individual in 2001 was \$716.00 per month.

What Are the Primary Health Conditions of Persons Receiving Assessments?

Top 10 Reported Health Conditions
for Individuals Age 65 and Older

	# of	%
Health Condition	Individuals	Individuals
1Hypertension	7,221	53.6%
2Arthritis	5,866	43.6%
3Alzheimer's & Other Dementia	5,437	40.4%
4Allergies	4,311	32.0%
5Depression	4,216	31.3%
6Other Cardiovascular Disease	3,574	26.5%
7Diabetes Mellitus	3,544	26.3%
8Congestive Heart Failure	3,389	25.2%
9Cardiac Dysrhythmia	3,066	22.8%
10Arteriosclerotic Heart Disease	2,906	21.6%
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Top 10 Reported Health Conditions for Individuals Under Age 65

	# of	%
Health Condition	Individuals	Individuals
1 Depression	957	33.1%
2Allergies	927	32.1%
3Hypertension	882	30.5%
4Diabetes Mellitus	769	26.6%
5Arthritis	747	25.8%
6Emphysema/COPD	478	16.5%
7Anxiety Disorder	453	15.7%
8Seizure Disorder	423	14.6%
9Other Cardiovascular Disease	420	14.5%
10Cerebrovascular accident	373	12.9%

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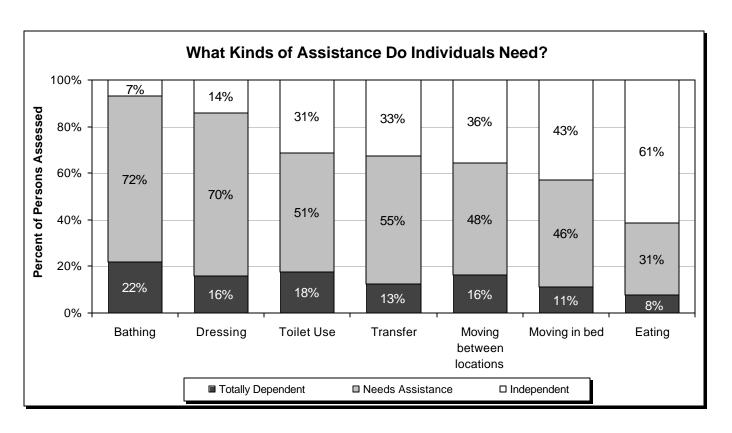
	# of	%
Health Condition	Individuals	Individuals
1Hypertension	5,842	51.7%
2Arthritis	5,124	45.3%
3Allergies	4,006	35.4%
4Alzheimer's & Other Dementia	3,987	35.3%
5Depression	3,749	33.2%
6Diabetes Mellitus	2,919	25.8%
7Other Cardiovascular Disease	2,726	24.1%
8Osteoporosis	2,722	24.1%
9Congestive Heart Failure	2,624	23.2%
10Cardiac Dysrhythmia	2,223	19.7%

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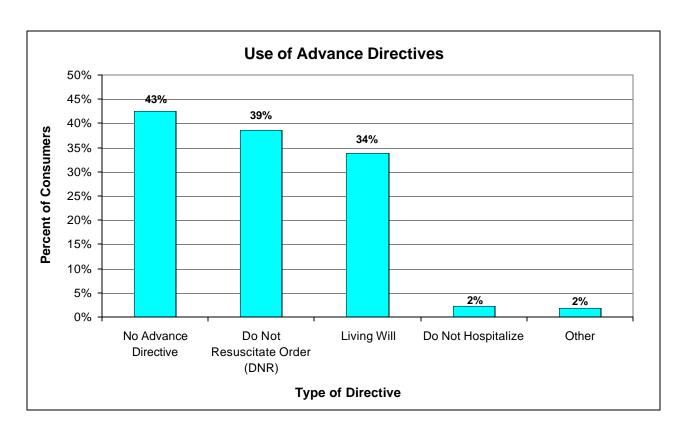
Health Condition	# of Individuals	% Individuals
1Hypertension	2,261	44.8%
2Alzheimer's & Other Dementia	1,597	31.6%
3Arthritis	1,489	29.5%
4Depression	1,424	28.2%
5Diabetes mellitus	1,394	27.6%
6Emphysema/COPD	1,269	25.1%
7Other Cardiovascular Disease	1,268	25.1%
8Allergies	1,232	24.4%
9Cerebrovascular accident	1,198	23.7%
10Cardiac Dysrhythmia	1,068	21.1%

Data Prepared by Muskie School

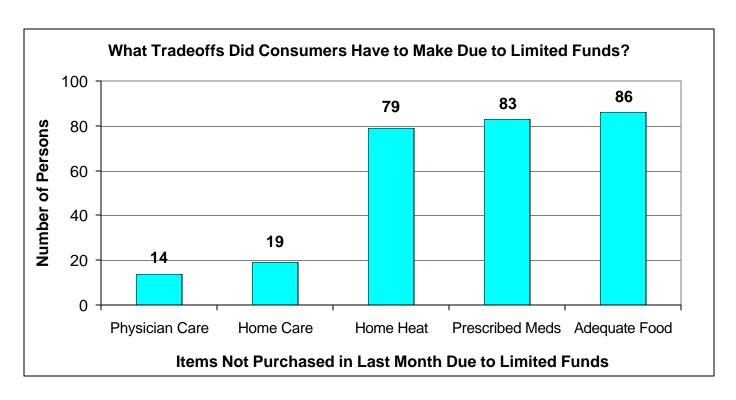
Source: MECARE Data State Fiscal Year 2001



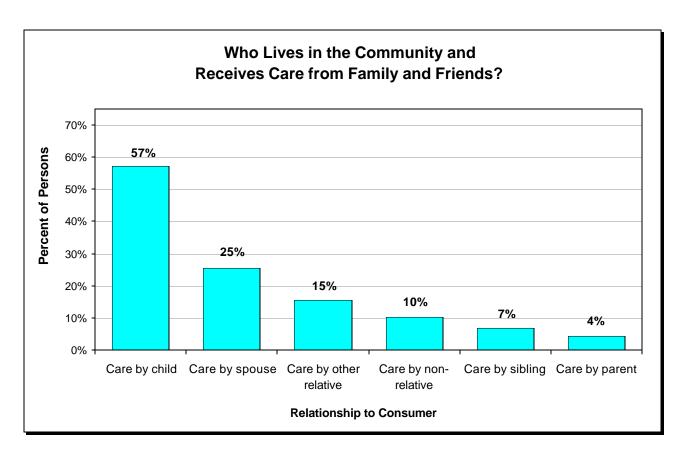
- > The amount of help required to do daily tasks is a key factor driving the need for long-term care services.
- ➤ People who do not require assistance are represented by the white portion at the top of each column. For example, 14% of persons assessed are independent in dressing.
- > The dark sections of the bars indicate persons who are totally dependent on others in performing the activity. For example, 8% of those assessed are totally dependent on others for eating.



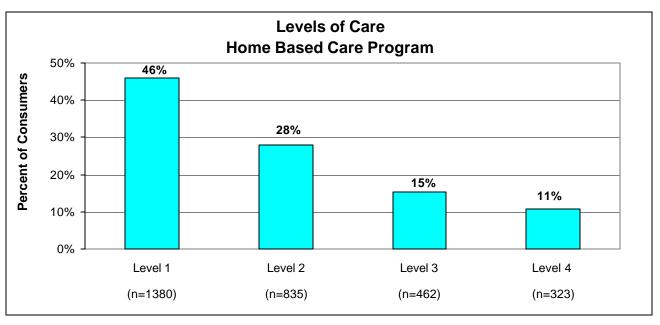
- ➤ The total is more than 100% because consumers may have more than one type of advance directive.
- > Consumers are encouraged to have an advance directive so that they receive medical care consistent with their wishes.
- Medication and feeding restrictions, organ donation and autopsy request are chosen by less than 2% of those assessed.



• Some individuals report having to make choices in essential purchases due to limited funds.



- > 6,938 persons living in the community report receiving care from family or friends.
- Many also receive paid care in addition to care provided by family and friends.
- > SPECIAL NOTE: The combined total adds up to more than 100% because some persons receive care from more than one person.



Level 1:

Must need at least limited assistance with 1 Activity of Daily Living (ADL). Average Monthly Careplan Cost = \$568.00

Level 2:

Must have a nursing need at least once a month and need limited assistance with 2 ADLs. Average Monthly Careplan Cost = \$693.00

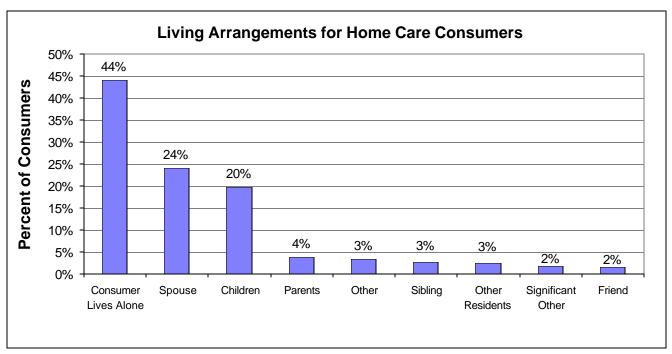
Level 3:

Needs at least limited assistance with 2 ADLs and assistance with at least 3 Instrumental Activities of Daily Living (IADLs).

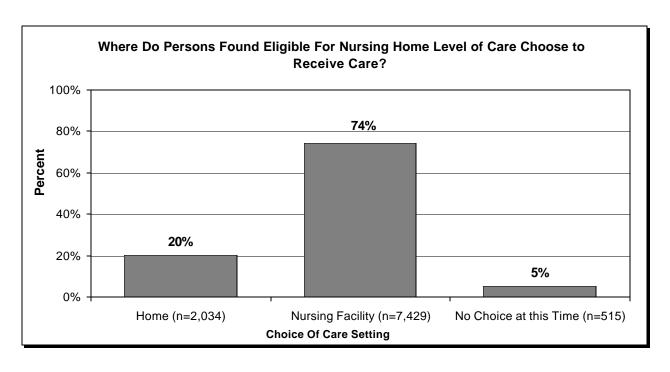
Average Monthly Careplan Cost = \$1105.00

Level 4:

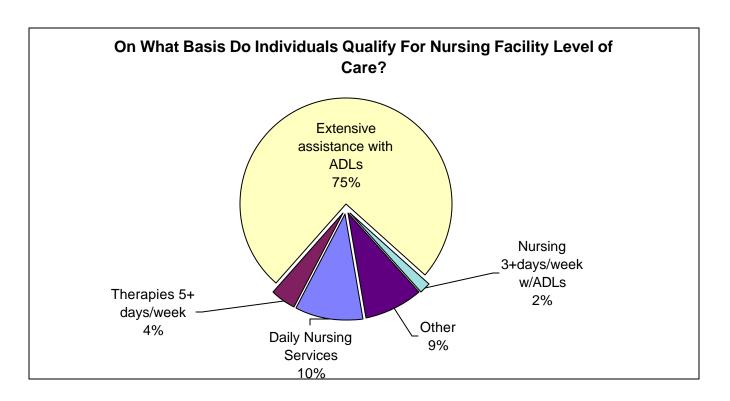
Meets nursing facility level of care. Average Monthly Careplan Cost = \$1754.00



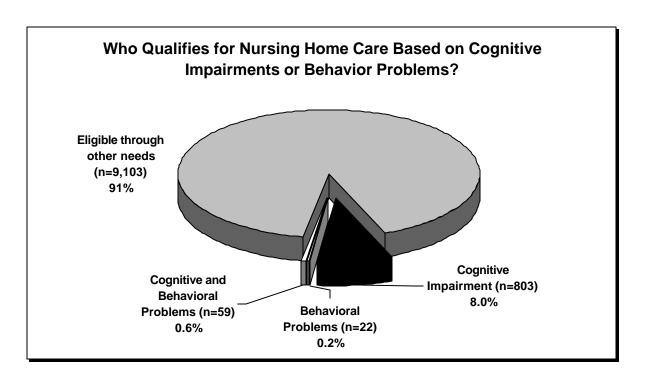
> The total is more than 100% because consumers may live with more than one family member or friend. For example, the consumer may live with their spouse and children.



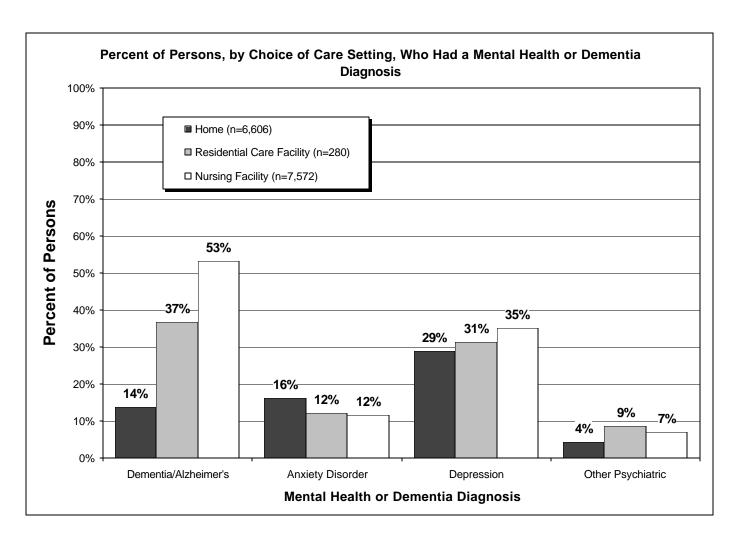
> Of the 9,987 persons found nursing facility eligible, 20% chose to receive care at home.



- > 75% of persons are found eligible for nursing home level of care based on the need for extensive assistance with 3 "late loss" activities of daily living (ADLs).
- > The category 'Other' includes those found eligible based on cognition and behavior problems.



- > 884 persons qualified for nursing facility care based on cognitive impairments or behavioral problems.
- > These 884 individuals represent 9% of those found eligible for nursing facility level of care.



- ➤ For example, 53% of persons choosing nursing facility care have a dementia diagnosis.
- > Reported incidence of depression is comparable across care settings.

Location at Time of Assessment

Home	8,041	49%
Residential Care Facility	327	2%
Nursing Facility	7,554	46%
Hospital	420	3%
Other	17	0%
TOTAL	16,359	100%

Type of Assessment

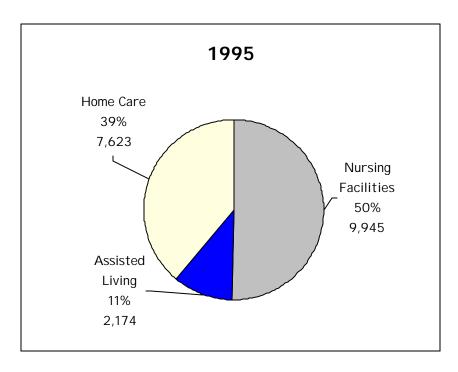
Initial	12,333	49%
Reassessment	12,714	51%
TOTAL	25,047	

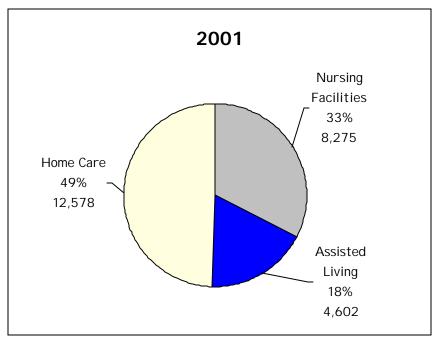
Assessments Resulting in Denial or Reduction in Services

	Total # Assessments	Denials	Reductions
Community Assessments	10,920	17%	8%
Nursing Facility Assessments	10,524	7%	Not Applicable
Advisory Assessments	3,603	4%	Not Applicable
TOTAL	25,047		

- ▶ Denials are often due to a change in level of care.
- ▶ For example, a person found eligible for a higher level of care may have their current program denied and be served by another program more appropriate to their needs.
- A person denied Home Based Care may be found eligible for another state-funded program such as Homemaker Services.

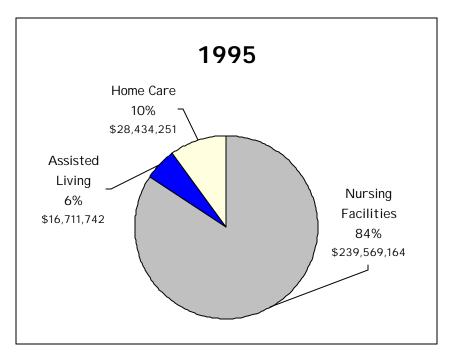
Long-term Care Where are People Receiving Services?

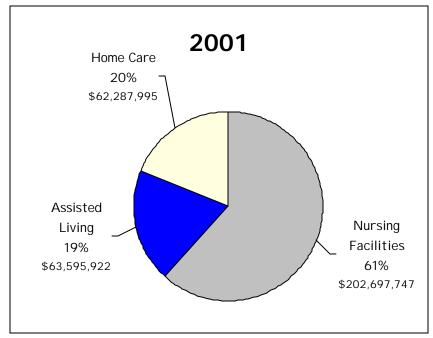




Total Persons Served: 19,803

Total Persons Served: 24,455





Total Expenditures: \$284,715,157

Total Expenditures: \$328,581,664

Note: Home Care for 2001 revised on 2/7/02 due to Private Duty Nursing revision.